Company Tracking Number: 08-R3053

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Adoption of NCCI Changes Due to TRIPRA 2007

Project Name/Number: Adoption of NCCi Changes Due to TRIPRA 2007/08-R3053

Filing at a Glance

Companies: Continental Insurance Company, American Casualty Company of Reading PA, National Fire Insurance Company of Hartford, Transportation Insurance Company, Valley Forge Insurance Company, Continental Casualty Company

Product Name: Adoption of NCCI Changes Due SERFF Tr Num: CNAB-125506371 State: Arkansas

to TRIPRA 2007

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #222994 \$25
Sub-TOI: 16.0004 Standard WC Co Tr Num: 08-R3053 State Status: Fees verified and

received

Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler, Brittany Yielding

Author: Mercy Marasigan Disposition Date: 02/26/2008

Date Submitted: 02/25/2008 Disposition Status: Approved

Effective Date Requested (New): 03/01/2008 Effective Date (New): 03/01/2008

State Filing Description:

General Information

Project Name: Adoption of NCCi Changes Due to TRIPRA 2007 Status of Filing in Domicile: Not Filed

Project Number: 08-R3053 Domicile Status Comments: No filing required

for rate with no rate change.

Reference Organization: NCCI Reference Number: CIF-2008-01

Reference Title: Circular Advisory Org. Circular:

Filing Status Changed: 02/26/2008

State Status Changed: 02/26/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

CNA is filing to adopt the NCCI Terrorism changes due to the passage of the Terrorism Risk Insurance Program

Reauthorization Act (TRIPRA) of 2007.

Company Tracking Number: 08-R3053

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Adoption of NCCI Changes Due to TRIPRA 2007

Project Name/Number: Adoption of NCCi Changes Due to TRIPRA 2007/08-R3053

The description of this filing is contained in the enclosed FILING MEMORANDUM.

Due tot the nature of filing to comply with federal law, we respectfully deem this filing effective March 1, 2008.

Company and Contact

Filing Contact Information

Mercy A. Marasigan, State Filing Analyst mercedes.marasigan@cna.com

333 S. Wabash (312) 822-6609 [Phone] Chicago, IL 60685 (312) 755-2394[FAX]

Filing Company Information

Continental Insurance Company CoCode: 35289 State of Domicile: Pennsylvania 333 South Wabash Group Code: 218 Company Type: Property and

Casualty

37th Floor

Chicago, IL 60604 Group Name: CNA Insurance State ID Number:

Companies

(312) 822-4292 ext. [Phone] FEIN Number: 13-5010440

American Casualty Company of Reading PA CoCode: 20427 State of Domicile: Pennsylvania

333 South Wabash Group Code: 218 Company Type: Property and

Casualty

37th Floor

Chicago, IL 60604 Group Name: CNA Insurance State ID Number:

Companies

(312) 822-4292 ext. [Phone] FEIN Number: 23-0342560

National Fire Insurance Company of Hartford CoCode: 20478 State of Domicile: Illinois

333 South Wabash Group Code: 218 Company Type: Property and

Casualty

37th Floor

Chicago, IL 60604 Group Name: CNA Insurance State ID Number:

Companies

(312) 822-4292 ext. [Phone] FEIN Number: 06-0464510

Company Tracking Number: 08-R3053

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Adoption of NCCI Changes Due to TRIPRA 2007

Project Name/Number: Adoption of NCCi Changes Due to TRIPRA 2007/08-R3053

Transportation Insurance Company CoCode: 20494 State of Domicile: Illinois

333 South Wabash Group Code: 218 Company Type: Property and

Casualty

State ID Number:

State ID Number:

37th Floor

Chicago, IL 60604 Group Name: CNA Insurance

Companies

(312) 822-4292 ext. [Phone] FEIN Number: 36-1877247

Valley Forge Insurance Company CoCode: 20508 State of Domicile: Pennsylvania

333 South Wabash Group Code: 218 Company Type: Property and

Casualty

37th Floor

Chicago, IL 60604 Group Name: CNA Insurance

Companies

(312) 822-4292 ext. [Phone] FEIN Number: 23-1620527

Continental Casualty Company CoCode: 20443 State of Domicile: Illinois

333 South Wabash Group Code: 218 Company Type: Property and

Casualty

Chicago , IL 60604 Group Name: CNA Insurance State ID Number:

Companies

(312) 822-4292 ext. [Phone] FEIN Number: 36-2114545

Company Tracking Number: 08-R3053

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Adoption of NCCI Changes Due to TRIPRA 2007

Project Name/Number: Adoption of NCCi Changes Due to TRIPRA 2007/08-R3053

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

Fee Explanation: \$25.00 per group (Adoption of NCCI TRIPRA filing)

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Insurance Company	\$0.00	02/25/2008	
American Casualty Company of Reading PA	\$0.00	02/25/2008	
National Fire Insurance Company of Hartford	\$0.00	02/25/2008	
Transportation Insurance Company	\$0.00	02/25/2008	
Valley Forge Insurance Company	\$0.00	02/25/2008	
Continental Casualty Company	\$0.00	02/25/2008	

SERFF Tracking Number: CNAB-125506371 State: Arkansas First Filing Company: #222994 \$25 $Continental\ Insurance\ Company, \dots$ State Tracking Number:

Company Tracking Number: 08-R3053

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Adoption of NCCI Changes Due to TRIPRA 2007

Adoption of NCCi Changes Due to TRIPRA 2007/08-R3053 Project Name/Number:

Correspondence Summary

Dispositions

Approved

Created On Date Submitted Status Created By

Carol Stiffler **Objection Letters and Response Letters**

Objection Letters Response Letters

Status Created By Created On Date Submitted **Responded By Date Submitted Created On**

02/26/2008

02/26/2008

Carol Stiffler Mercy Marasigan 02/26/2008 Pending 02/26/2008 02/26/2008 02/26/2008

Industry Response

Company Tracking Number: 08-R3053

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Adoption of NCCI Changes Due to TRIPRA 2007

Project Name/Number: Adoption of NCCi Changes Due to TRIPRA 2007/08-R3053

Disposition

Disposition Date: 02/26/2008

Effective Date (New): 03/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing 0.000%

Overall Percentage Rate Impact For This Filing 0.000%

Effect of Rate Filing-Written Premium Change For This Program \$0

Effect of Rate Filing - Number of Policyholders Affected 0

Company Tracking Number: 08-R3053

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Adoption of NCCI Changes Due to TRIPRA 2007

Project Name/Number: Adoption of NCCi Changes Due to TRIPRA 2007/08-R3053

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Propert	y &Approved	Yes
0	Casualty		
Supporting Document	NAIC Loss Cost Filing Document for	Approved	Yes
0	Workers' Compensation		
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Cover Letter-Filing Memo	Approved	Yes
Rate	Misc. Values	Approved	Yes

Company Tracking Number: 08-R3053

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Adoption of NCCI Changes Due to TRIPRA 2007

Project Name/Number: Adoption of NCCi Changes Due to TRIPRA 2007/08-R3053

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 02/26/2008 Submitted Date 02/26/2008

Respond By Date

Dear Mercy A. Marasigan,

This will acknowledge receipt of the captioned filing.

This filing adopts Circular CIF-2008-01but does not state the Item Filing number which is often different than the Circular number. The Item Filing # is the unique number assigned by NCCI to an item filing. We do not receive circulars which are issued after the Item Filing is approved. Often Circulars and Item Filings have the same numbers but are not related to each other. We CANNOT accept the Circular number in lieu of the Item Filing Number. You must state the Item Filing Number.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 02/26/2008 Submitted Date 02/26/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Dear Ms. Stiffler:

Per your request, we wish to advise you that the Item # for this filing B-1405.

Changed Items:

No Supporting Documents changed.

SERFF Tracking Number: CNAB-125506371 State: Arkansas

First Filing Company: Continental Insurance Company, ... State Tracking Number: #222994 \$25

Company Tracking Number: 08-R3053

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Adoption of NCCI Changes Due to TRIPRA 2007

Project Name/Number: Adoption of NCCi Changes Due to TRIPRA 2007/08-R3053

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Mercy Marasigan

Company Tracking Number: 08-R3053

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Adoption of NCCI Changes Due to TRIPRA 2007

Project Name/Number: Adoption of NCCi Changes Due to TRIPRA 2007/08-R3053

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: 08-R3053

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Adoption of NCCI Changes Due to TRIPRA 2007

Project Name/Number: Adoption of NCCi Changes Due to TRIPRA 2007/08-R3053

Rate/Rule Schedule

Review Status: Exhibit Name: Rule # or Page Rate Action Previous State Filing Attachments
#: Number:

Approved Misc. Values CNA-WC-1M Replacement AR08-R3053 CNA -

WC - 1M.pdf

WORKERS COMPENSATION AND EMPLOYERS LIABILITY



For All the Commitments You Make March 1, 2008 Arkansas

This Miscellaneous rate page applies to the following insurance companies which form the CNA Insurance Companies.

AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA
CONTINENTAL CASUALTY COMPANY
THE CONTINENTAL INSURANCE COMPANY
NATIONAL FIRE INSURANCE COMPANY OF HARTFORD
TRANSPORTATION INSURANCE COMPANY
VALLEY FORGE INSURANCE COMPANY

MISCELLANEOUS VALUES

	WIIOCELER	RIVEOUS VALUE	<u>u</u>		
Basis of Premium	applicable in accordar	ce with footnote instr	ructions for Code 7370	- "Taxicab Co.":	
Employee operated veh	icle				46,220.00
	e				
Code 7420"Aviation - Aerial	Application, Seeding, Herding,	or Scintillometer Sur	vevina - Flyina Crew"		
	eek per employee				600.00
Maximum payroll and the footnote instructions f	applicable in accordance v or Code 9178 "Athletic Team				
Team: Contact Sports," and 0	Code 9186 "Carnival Trave	ing"			2,400.00
Minimum payroll	applicable in accordance	with Basic Manual Ru	ule 2-E-1 - "Executive	Officers"	300.00
Per Passenger Seat Su	rcharge - In accordance	with the footnote inst	ructions for		
classification Code 7421, the	surcharge is			rcharge per aircraft per passenger seat	\$1,000.00 \$100.00
	n for Partners and Sole F				\$30,800.00
					ψ50,000.00
applicable only in connection	re and Harbor Workers' with Rule 3-A-4 "U.S. Longshor	e and Harbor Worker	rs' Compensation Act	_	
					90%
is the product of the adjustme	nt for differences in benefits (1.	67) and for difference	es in loss-based exper	ises (1.139)).	
	osses (rate per \$100 of payrol				
	and subsequent on the policy e plicies written on Large Risk Alt				0.03*
Earthquakes and Catas	strophic Industrial Accid	ents (rate per \$100 /	of payroll)		
(Rate applied March 1, 2008,	and subsequent on the policy e	effective date)			0.02*
*Rate subject to change for po	olicies written on Large Risk Alt	ernative Rating Optio	n / Large Deductibles		
	centages (See Basic Manual	Rule VII-D). The foll	owing premium		
discounts are applicable to St	andard Premiums:		Stock	Non-Stock	
			(AC,NF,CIC,VF)	(CC,TP)	
			-	-	
' '			9.1%	5.1%	
+ //			11.3%	6.5%	
Over \$1,750,000			12.3%	7.5%	
Minimum Premium Factors					
Expense Constant	000				
	200				
Min. Prem. Multiplier Max/Min. Premium	200 185 900				

Original Printing CNA - WC - 1M 1/2008

Company Tracking Number: 08-R3053

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Adoption of NCCI Changes Due to TRIPRA 2007

Project Name/Number: Adoption of NCCi Changes Due to TRIPRA 2007/08-R3053

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 02/26/2008

Property & Casualty

Comments:

Expedited Filing Transmittal Document attached instead of the regular Uniform Transmittal Document

Attachment:

AR08-R3053 Expedited Form.pdf

Review Status:

Satisfied -Name: NAIC Loss Cost Filing Document Approved 02/26/2008

for Workers' Compensation

Comments:

N/A

Review Status:

Satisfied -Name: NAIC loss cost data entry document Approved 02/26/2008

Comments:

N/A

Review Status:

Satisfied -Name: Cover Letter-Filing Memo Approved 02/26/2008

Comments:

Cover Letter and Filing Memo attached

Attachments:

AR08-R3053 Cover Letter.pdf AR08-R3053 Filing Memo.pdf

EXPEDITED FILING TRANSMITTAL DOCUMENT FOR TERRORISM RISK INSURANCE FORMS AND PRICING

Indic	licate Type of Filing Department Use only					
⊠Fil	ing Related to Certified Losses				<u>, </u>	
Fil	ing Related to Non-Certified Losse	S				
	ing Applicable to Both Certified ar					
	Company No	nma(a)	Domicil	_	NAIC #	FEIN#
A mer	Company Natican Casualty Company of Reading		Pennsy		218-20427	23-0342560
	nental Casualty Company	8	Illin		218-20443	36-2114545
	nal Fire Insurance Company of Ha	rtford	Conne		218-20478	06-0464510
	Continental Insurance Company	itioid	Illin		218-35289	13-5010440
	portation Insurance Company		Illin		218-20494	36-1877247
	Valley Forge Insurance Company		Pennsy		218-20508	23-1620527
	act Info for Filer		1 2 3 3 3			25 1020027
	Name and address	of Filer(s)	Telephone #	ŧ	FAX#	e-mail
Merc	cy A. Marasigan	0111101(0)	<u> </u>		312-822-2394	mercedes.marasigan@
CNA			312-822-0009		312-022-2374	cna.com
	So. Wabash Ave. , Chicago, IL	60604				
	g information	0000+				
	of Insurance (see attachment)	Worker's Compensa	ation			
	pany Program Title (Marketing	Workers Compensat				
title)	(if applicable)	Workers Compensati	iioii			
Filin	g Type ** see note below	Rate				
	application is used with:	Rate				
	ctive Date Requested	March 1, 2008				
	g date	2/25/08				
Com	pany Tracking Number	08-R3053				
Date	filing approved in domiciliary	N/A				
state	e, if applicable					
	Component/Form Name	Form # or Rate Page	Replacement	I£.	replacement,	Previous State
	/Description/Synopsis	Include edition date	Or withdrawn		ve form # or rate	Filing Number,
	/Description/Synopsis	include edition date	Or withdrawi		ge(s) it replaces	if required
					.go(o) 11 1 opiacoo	by state
01	Miscellaneous Values Rate	CNA - WC - 1M	[x] Replacemen	it Ci	NA - WC - 1M	.,
	Pages		[] Withdrawn	0.		
			[] Neither			
20			[] Replacemen	t		
02			[] Withdrawn			
02						
02			[] Neither			
	complete, a filing must include the		[] Neither			
To be	 A completed Expedited Filing 	Transmittal Document for e	[] Neither			1
To be	A completed Expedited FilingOne copy of each endorsemen	Transmittal Document for et, disclosure form or other p	[] Neither			advisory organization
To be	 A completed Expedited Filing One copy of each endorsemen authorization to file them on it 	Transmittal Document for et, disclosure form or other p s behalf.	[] Neither each insurer or ad olicy language, u			advisory organization
To be	 A completed Expedited Filing One copy of each endorsemen authorization to file them on it A copy of the rates, rating syst 	Transmittal Document for et, disclosure form or other ps behalf. ems and supporting documents	[] Neither each insurer or ad olicy language, u			advisory organization
To be	 A completed Expedited Filing One copy of each endorsemen authorization to file them on it A copy of the rates, rating syst The appropriate filing fees, if the appropriate	Transmittal Document for et, disclosure form or other ps behalf. ems and supporting document of the properties of the p	[] Neither each insurer or ad olicy language, u	nless the	insurer has given ar	advisory organization
To be	 A completed Expedited Filing One copy of each endorsemen authorization to file them on it A copy of the rates, rating syst 	Transmittal Document for et, disclosure form or other ps behalf. ems and supporting document of the properties of the p	[] Neither each insurer or ad olicy language, u	nless the	insurer has given ar	advisory organization
To be	 A completed Expedited Filing One copy of each endorsemen authorization to file them on it A copy of the rates, rating syst The appropriate filing fees, if a A postage-paid, self-addressed 	Transmittal Document for et, disclosure form or other ps behalf. sems and supporting documerequired envelope large enough to	[] Neither each insurer or ad olicy language, u	nless the	insurer has given ar	advisory organization
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To be	 A completed Expedited Filing One copy of each endorsemen authorization to file them on it A copy of the rates, rating syst The appropriate filing fees, if a A postage-paid, self-addressed Is ubmitting this filing cert Is in compliance with the term 	Transmittal Document for et, disclosure form or other ps behalf. Jems and supporting docume required a envelope large enough to fifes that it: I s of the Terrorism Risk Insurance to the te	each insurer or adolicy language, unentation. accommodate the arance Act of 200	nless the return 2 and the	insurer has given and	nd
To be	 A completed Expedited Filing One copy of each endorsemen authorization to file them on it A copy of the rates, rating syst The appropriate filing fees, if a A postage-paid, self-addressed Is ubmitting this filing cert Is in compliance with the term 	Transmittal Document for et, disclosure form or other ps behalf. Jems and supporting docume required a envelope large enough to fifes that it: I s of the Terrorism Risk Insurance to the te	each insurer or adolicy language, unentation. accommodate the arance Act of 200	nless the return 2 and the	insurer has given and	nd
To be	A completed Expedited Filing One copy of each endorsemen authorization to file them on it A copy of the rates, rating syst The appropriate filing fees, if a A postage-paid, self-addressed nsurer(s) submitting this filing cert Is in compliance with the term Is in compliance with the requ	Transmittal Document for et, disclosure form or other ps behalf. Jems and supporting docume required a envelope large enough to fifes that it: I s of the Terrorism Risk Insurance to the te	each insurer or adolicy language, unentation. accommodate the arance Act of 200	nless the return 2 and the	insurer has given and	nd es.
To be	A completed Expedited Filing One copy of each endorsemen authorization to file them on it A copy of the rates, rating syst The appropriate filing fees, if a A postage-paid, self-addressed Is in compliance with the term Is in compliance with the requirement of the compliance with the compliance with the requirement of the compliance with the compli	Transmittal Document for et, disclosure form or other ps behalf. ems and supporting docume required lenvelope large enough to affect that it: s of the Terrorism Risk Insurirements of the bulletin contributions.	each insurer or adolicy language, unentation. accommodate the arance Act of 200	nless the return 2 and the	insurer has given and a single control of this state; a dited filing procedure.	nd es.



CNA Plaza Chicago IL 60685-0001

February 25, 2008

Mercy A. Marasigan

State Filing Analyst Commercial Lines/37S

Telephone 312-822-6609 Facsimile 312-755-2394 mercedes.marasigan@cna.com

Honorable Julie Benafiled Bowman Insurance Commissioner 1200 West Third Street Little Rock, AR 72201 - 1904

Attn.: Compliance/Property & Cas.

Re: Workers Compensation & Employers Liability Program (ID#08-R3053)

Adoption of NCCI Terrorism Risk Insurance Program Reauthorization Act of 2007

Miscellaneous Values Page

CONTINENTAL CASUALTY COMPANY 218-20443

NATIONAL FIRE INSURANCE COMPANY OF HARTFORD 218-20478

AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA 218-20427

TRANSPORTATION INSURANCE COMPANY 218-20494 VALLEY FORGE INSURANCE COMPANY 218-20508 THE CONTINENTAL INSURANCE COMPANY 218-35289

Dear Commissioner:

The above named companies are filing to adopt the captioned NCCI TRIPRA of 2007 as outlined in their Circular CIF-2008-01. Accordingly, we submit the revised Miscellaneous Values Page.

The description of this filing is contained in the FILING MEMORANDUM.

Should you have any question(s) regarding this filing, please feel free to call Jessica Maves at (312) 822-1552.

Due to nature of filing to comply with Federal Law, we respectfully deem this filing effective March 1, 2008.

Please stamp and return the enclosed extra copy of this letter for our records.

Very truly yours,

Mercy A. Marasigan

FILING MEMORANDUM CNA

American Casualty Company of Reading, PA
Continental Casualty Company
National Fire Insurance Company of Hartford
The Continental Insurance Company
Transportation Insurance Company
Valley Forge Insurance Company

Workers' Compensation Rate Filing #08-R3053 State of Arkansas

CNA is filing to adopt the changes implemented through the passage of the Terrorism Risk Insurance Program Reauthorization Act of 2007 as outlined in NCCI Circular CIF-2008-01.

The follow changes will be made for reporting purposes and to our Miscellaneous Values Page:

Class Code: Classification Name:

9741 Earthquake, Catastrophic Industrial Accidents

9740 Terrorism

These changes are required due to the Terrorism Risk Insurance Program Reauthorization Act and have no premium impact on our book of business.

The Expedited Filing Transmittal Document for this filing has been included, as well as a copy of CNA's revised Miscellaneous Values Page. Due to the nature of the filing to comply with federal law, we respectfully deem this filing effective March 1, 2008.

If you have any questions concerning this filing, please contact Jessica Maves at (312) 822-1552.